

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 23 PM 12:52

DOCUMENT # 00000077032

1. Corporation Name

Fifth Avenue Acquisition I Corp.

400021082374
06/23/03--01080--003 **300.00

2. Principal Office Address

301 Clematis Street

3. Mailing Office Address

445 Park Avenue

Suite, Apt. #, etc.

Suite 3000

Suite, Apt. #, etc.

9th Floor

City & State

West Palm Beach, Florida

City & State

New York, New York

Zip

33401

Country

USA

Zip

10022

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/2000

5. FEI Number

58-2466623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network, Inc.

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street

Suite, Apt. #, Etc.

Suite 200

City

Miami Beach

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard Rubin, VP
REGISTERED AGENT MUST SIGN

Date

5/13/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Thomas J. Craft, Jr	445 Park Avenue, 9th Floor	New York, NY10022
Director	Richard Rubin	445 Park Avenue, 9th Floor	New York, NY10022
Director	Ivo Heiden	445 Park Avenue, 9th Floor	New York, NY10022

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard Rubin Richard Rubin

5/12/03 (212) 307-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

6/23/03